



Strategic Plan 2006-2011 **Division of Alcohol & Substance Abuse**

Department of Social and Health Services

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Purpose of This Document

This strategic plan communicates how we will advance our mission and goals in a changing environment and meet our future challenges, so that we can better serve the most vulnerable populations in Washington State. This document is a road map that guides the business policies and improvement strategies for our organization, employees and partners.

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Executive Summary

The Division of Alcohol and Substance Abuses strives to ensure the delivery of quality alcohol and other drug abuse prevention, intervention, and treatment services. These services and programs have been scientifically demonstrated to result in more productive individuals and more secure families, leading to safer and more vibrant communities, and a healthier state.

Ongoing Division strategic priorities include:

- Closing the gap between treatment need and provision of services;
- Providing treatment alternatives to incarceration;
- Expanding access to opiate substitution treatment programs;
- Reaffirming our commitment to science-based, targeted prevention;
- Bridging the gap between research, policy, and practice;
- Developing a strong prevention and treatment workforce.

Chapter 1 • Our Guiding Directions

MISSION

The Mission of the Department of Social and Health Services is to improve the quality of life for individuals and families in need. We will help people to achieve safe, self-sufficient, healthy, and secure lives. The Division of Alcohol and Substance Abuse promotes strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency.

VISION

Our vision is that the Washington State Division of Alcohol and Substance Abuse will lead the nation in ensuring the delivery of quality substance abuse prevention, intervention, treatment, and certification services.

GUIDING PRINCIPLES/CORE VALUES

To succeed in its Mission, the Division of Alcohol and Substance Abuse is dedicated to building collaborative partnerships with communities, tribes, counties, service providers, schools, colleges and universities, the criminal justice system, hospitals and health care providers, and other agencies within the private sector and within local, state and federal governments. The Division is committed to ensuring services are provided to individuals and communities in ways that are culturally relevant, and honor the diversity of Washington State.

To carry forth our Mission, the Division of Alcohol and Substance Abuse will:

- Develop policy options, and plan for the development and delivery of an effective continuum of chemical dependency prevention and treatment services.
- Provide and ensure quality services that support individuals and families in their efforts to raise children who are free of alcohol, tobacco, and other drugs.
- Educate communities about the importance of maintaining healthy lifestyles, and provide opportunities, tools and resources to enable communities to define and meet their local substance abuse prevention needs.
- Implement a continuum of intervention and treatment services to meet local, regional, tribal and statewide needs, and that specifically address the needs of low-income adults, youth, women, children, and families.
- Support continued recovery from addiction and a return to competitive employment by helping individuals surmount barriers to self-sufficiency.
- Develop standards, and assist providers in attaining, maintaining, and improving the quality of care for individuals and families in need of prevention and treatment services.

- Provide training and professional development opportunities for the chemical dependency field.
- Oversee and coordinate research that identifies need for publicly funded services, and assesses prevention and treatment outcomes, costs, and benefits.
- Design, develop, implement, and maintain management information services and decision support systems for internal and external customers.
- Manage available resources in a manner consistent with sound business practices.
- Advocate for enhanced resources for prevention and treatment services. These services serve as a primary avenue for protecting and promoting the public health and safety of all Washington residents.

STATUTORY AUTHORITY

RCW 70.96A.050 sets forth 17 requirements for the Department related to the provision of substance abuse prevention, intervention, treatment, and support services. These include:

- Develop and foster plans and programs for the prevention and treatment of alcoholism and other drug addiction, and treatment of alcoholics and addicts and their families;
- Coordinate the efforts of all public and private agencies, organizations, and individuals interested in substance abuse prevention and treatment;
- Cooperate with public and private agencies in implementing treatment programs for individuals in the correctional system;
- Work with education agencies, police departments, and the criminal justice system in development of prevention and treatment programs, and preparing curricula materials for use in schools;
- Prepare and disseminate educational material regarding the impacts and consequences of alcohol and other drug misuse;
- Develop and implement educational programs as part of substance abuse treatment that include information about the impacts and consequences of alcohol and other drug misuse, principles of recovery, and HIV and AIDS;
- Organize training programs for chemical dependency treatment professionals;
- Sponsor and encourage substance abuse-related research, and serve as an information clearinghouse;
- Specify uniform methods for keeping statistical information related to treatment;

- Advise the Governor regarding a comprehensive treatment plan for those affected by alcohol and drug abuse, for inclusion in the state's comprehensive health plan;
- Review all state health, welfare, and treatment plans submitted for federal funding, and advise the Governor on provisions to be included related to alcohol and other drug addiction;
- Assist in developing treatment and education programs for state and local government employees, and business;
- Use the support and assistance of community members to encourage alcoholics and drug addicts to undergo treatment;
- Assist in establishing programs designed to deal with the problem of people operating motor vehicles while intoxicated;
- Encourage hospitals and health facilities to admit alcoholics and other drug addicts without discrimination, and provide them with adequate and appropriate treatment;
- Encourage all health and disability insurance programs to include alcoholism and other drug addiction as a covered illness; and
- Organize a statewide program to help those in the criminal justice system better understand chemical dependency and the effectiveness of treatment.

RCW 70.96A.090 requires the department to adopt rules establishing standards for approved treatment programs, to periodically inspect the programs, and to maintain and periodically publish a current list of approved programs.

RCW 70.96A.350 establishes the Criminal Justice Treatment Account (CJTA). CJTA is administered by DASA, with funds distributed to provide judicially supervised substance abuse treatment for offender in lieu of incarceration. Additional funds are transferred to the Violence Reduction and Drug Enforcement (VRDE) Account each biennium to be used to provide substance abuse treatment for offenders under confinement in Department of Corrections' facilities.

RCW 74.50 [Alcoholism and Drug Addiction Treatment and Support Act (ADATSA)] — Establishes a system of assessment, treatment, and shelter for incapacitated alcoholics and drug addicts with a goal of employment and self-sufficiency.

RCW 10.05, the Deferred Prosecution statute, requires assessments, treatment, and reports to be made by DASA-certified chemical dependency treatment providers.

RCW 46.61.5056 requires individuals convicted of a Driving Under the Influence (DUI) offense to complete a diagnostic assessment and any program of recommended treatment, ranging from alcohol/drug information school to intensive residential treatment. DASA sets the standards for and is responsible for approving these programs.

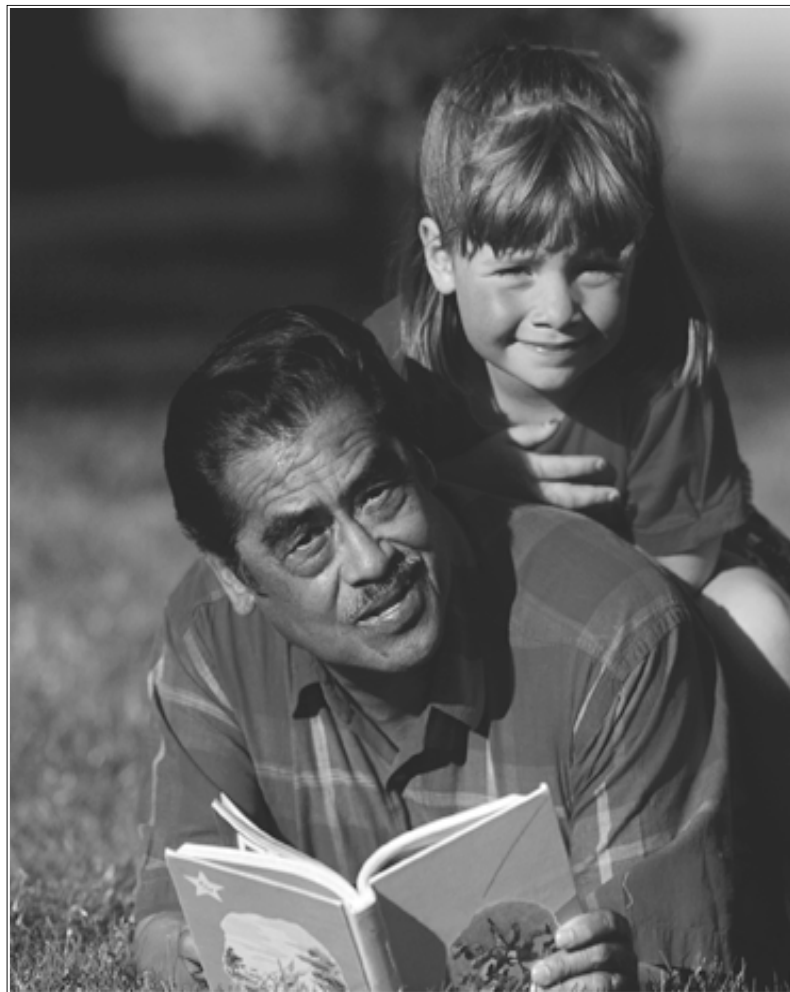
RCW 49.60 prohibits discrimination because of race, creed, color, national origin, gender, marital status, age, or the presence of any sensory, mental, or physical

handicap. It ensures access to culturally diverse, sensitive, and aware services, and reasonable accommodations for persons with disabilities.

RCW 18.205 defines the state certification requirements for chemical dependency professionals (CDPs). The certification program is under the authority of the Secretary of the Department of Health. Those providing counseling services in DASA-certified programs are required to be CDPs or CDP trainees.

Code of Federal Regulations 42 Part 8, Certification of Opioid Treatment Programs, Subpart A, Accreditation, Section 8.4, Accreditation body responsibilities -- DASA is now a federal Substance Abuse and Mental Health Services Administration-approved body that accredits agencies providing opiate substitution treatment.

Code of Federal Regulations 42 Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records -- DASA, all chemical dependency prevention and treatment programs, and all those who provide services to individuals affected by alcohol or others drugs are under strict restrictions not to disclose information with respect to patients without written consent, subject to certain exceptions.



Chapter 2 • The People We Serve

Through its prevention, intervention, treatment, and certification programs, the Division of Alcohol and Substance Abuse serves all the people of Washington State.

The Division's prevention program covers all segments of the population at potential risk for drug and alcohol misuse and abuse. However, the primary focus is on children who have not yet begun use or are still only experimenting. Research indicates that youth who initiate alcohol and/or other drug use before age 15 are twice as likely to experience alcohol or other drug problems as adults that those who do not initiate use until after age 19.

During the 2001-2003 Biennium, some 323,223 individuals participated in DASA-funded prevention programs. Of these, there were 93,655 individuals participating in ongoing or recurring programs.

Generally, individuals assessed as in need of chemical dependency treatment, whose incomes are below 200% of the federal poverty level, and who do not have access to treatment through health insurance mechanisms, qualify for DASA-funded treatment. State and federal requirements give priority for treatment and intervention services to:

- Pregnant and postpartum women and families with children;
- Families receiving Temporary Assistance for Needy Families (TANF);
- Child Protective Services referrals;
- Youth;
- Injection drug users (IDUs).

In addition, beginning in July 2003, funds have been set aside in the Criminal Justice Treatment Account for providing judicially supervised treatment of offenders in community-based settings in lieu of incarceration.

In State Fiscal Year (SFY) 2002, 24,665 adults received treatment with DASA-funded support. This represents 24.7% of those in need of, and who qualify for, treatment. In that same year, 5,969 adolescents ages 12-17, representing 24.4% of those in need of, and qualifying for, DASA-funded treatment actually received it.

DASA certifies 521 chemical dependency treatment programs serving both publicly funded and private-pay patients to ensure the safety and quality of treatment. DASA collaborates with stakeholders in the establishment of treatment regulations designed to return patients to safe, healthy, and productive lives. Each year, DASA investigates incidents and complaints, and conducts surveys of one-third of the certified programs, offering advice and technical assistance to each to assist them to achieve compliance with state and federal regulations. In addition, DASA is one of only two state agencies in the nation approved by the federal Substance Abuse Mental Health Services Administration as an opioid treatment program accreditation body. Ten of the 15 opiate substitution treatment programs in Washington State have now been accredited by DASA. Five were accredited by other national accreditation bodies.

INTRODUCTION TO PROGRAMS

DASA offers a full range of prevention, intervention, and treatment programs.

The Division has adopted a “risk and protective factor” approach as the cornerstone of its efforts to prevent alcohol, tobacco, and other drug abuse. Risk factors are personal, family, or community characteristics that increase the likelihood an individual will use alcohol, tobacco, or other drugs. Protective factors are similar characteristics that help insulate individuals from substance-abusing behaviors. DASA provides prevention services through contracts with counties, tribes, statewide organizations, or through interagency agreements with other state agencies. Counties undertake needs assessments, and implement prevention programs that address risk and protective factors in their communities. State-level programs include:

- Washington State School-Based Prevention and Intervention Services Program;
- Survey of Adolescent Health Behaviors;
- Reducing Underage Drinking Initiative (RUad);
- Reducing Access to Tobacco Products (Synar Regulation);
- Washington State College Coalition for Substance Abuse Prevention;
- Washington State Alcohol/Drug Clearinghouse;
- Communications and Media Program;
- Washington State Mentoring Initiative;
- Children’s Transition Initiative (CTI);
- Washington State Exemplary Substance Abuse Prevention Awards;
- Washington State Prevention Summit;
- Substance Abuse Prevention Specialists Training (SAPST).

DASA-funded treatment services are designed to maintain a cost-effective, quality continuum of care for rehabilitating individuals suffering from alcoholism and other drug addiction. DASA contracts with counties and tribes for the delivery of outpatient services. Other services are delivered through contracts with direct service providers. Services include:

- Diagnostic evaluation;
- Alcohol/drug detoxification;
- Outpatient treatment (adult and youth);
- Opiate substitution (methadone) treatment;
- Intensive inpatient treatment (adult and youth);
- Recovery house (adult and youth);
- Long-term residential care;
- Involuntary treatment/civil commitment for individuals with alcohol/drug addiction;
- Residential treatment for pregnant and parenting women (with childcare);
- Outpatient treatment for pregnant and parenting women (with childcare);
- Treatment for co-occurring disorders;
- Tribal treatment programs;
- Monolingual programs for non-English speakers;
- Treatment program for the deaf/hard of hearing;
- Urinalysis;

Specialized contracted support services for eligible individuals include:

- Childcare, including therapeutic childcare;
- Translation services (including interpreters for persons who are deaf or hard of hearing;
- Transportation assistance;
- Case management;
- Youth outreach;
- Cooperative housing (Oxford House) and other transitional housing support.

In SFY 2004, two new programs are being implemented:

- With funds from the Criminal Justice Treatment Account (CJTA), judicially supervised treatment is being made available to chemically dependent offenders in community-based treatment programs in lieu of incarceration;
- With funds from a grant from the federal Substance Abuse Mental Health Services Administration, individuals affected by alcohol or other drugs who visit hospital emergency departments are receiving brief interventions related to their substance abuse.



Chapter 3 • Environmental Context

APPRAISAL OF EXTERNAL ENVIRONMENT

DASA treats fewer than one out of four individuals (adults or youths) in need of, and who qualify for, publicly funded chemical dependency treatment. Waiting lists for treatment are at an all-time high. The waiting list for treatment under the Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) has tripled in the past decade. The waiting list for publicly funded opiate substitution treatment in Seattle-King County has almost quadrupled since 1997; as of early 2004, waiting time is often nine months or longer.

The impacts of not providing appropriate chemical dependency treatment in a timely manner to individuals who require it are profound. Demonstrated results of treatment include: lower crime and decreased burden on the criminal justice system; improved physical and mental health and lower medical and psychiatric care costs; decreased reliance on public assistance; higher rates of employment and higher wages; better family functioning; decreases in child abuse and neglect, and fewer Child Protective Services referrals; and for youth, higher rates of school attendance, better school performance, and reduced delinquency. The costs of not providing treatment in a timely manner are borne by state and local governments, and by individuals, families, businesses, and communities across the state of Washington.

Besides population growth and an increasing percentage of the population between ages 18-25 (the age cohort most often in need of chemical dependency treatment), an expanding number of Washington residents are without access to health insurance, either purchased privately or through the Washington Basic Health Plan. As chemically dependent individuals with insurance would access treatment through their health plans, the lack of insurance places an increasing burden on the publicly funded treatment system.

TRENDS IN CUSTOMER CHARACTERISTICS

The number of individuals receiving publicly funded treatment, both adult and youth, declined by 2.7% between SFY 2001-2002.

Patients Receiving DASA-Funded Treatment, SFY 2001-2002

	2001	2002
Adults (18 and older)	25,395	24,665
Youth (ages 12-17)	6,098	5,969
TOTAL	31,493	30,634

The decline in the number of individuals receiving treatment reflects DASA's emphasis on increasing treatment retention and completion rates. Research indicates that longer treatment episodes and treatment completion are closely associated with better outcomes. There are also some indications that the severity of substance abuse disorders among those being treated is increasing, hence requiring both longer and more intensive treatment.

Alcohol is still cited in the plurality of adult admissions to DASA-funded treatment, though it is now below 50% of all admissions (48%). Admissions for treatment of methamphetamine abuse have significantly risen, and now represent 18% of all adult admissions. Racial and ethnic minorities comprised 35% of all adult DASA-funded treatment admissions in SFY 2002.

Among youth, 63% of all admissions to treatment in SFY 2002 were for marijuana. Youth admissions for methamphetamine abuse have quadrupled between SFY 1997-2002. Racial and ethnic minorities comprised 43% of DASA-funded youth admissions.

Beginning in SFY 2004, offenders will begin to access community-based treatment with funding from the Criminal Justice Treatment Account. It is likely that a large proportion of those receiving treatment this way will not belong to any of the previously mandated priority populations, and are more likely to be male than others currently receiving DASA-funded treatment.

ACTIVITY LINKS TO MAJOR PARTNERS

DASA works closely with federal, state and local government agencies, counties and tribes, schools and universities, prevention and treatment providers, researchers, and a full range of other partners in the private sector to ensure the delivery and coordination of quality services. Examples of these collaborations are provided below.

State-Level Consortium Protects Moms and Infants

A consortium of DSHS divisions – the Division of Alcohol and Substance Abuse, Children’s Administration, Economic Services Administration, Medical Assistance, Research and Data Analysis – works with the Department of Health and local service agencies to provide services to substance-abusing pregnant and parenting women and children ages birth-to-three. Safe Babies, Safe Moms aims to stabilize women and their young children, identify and provide necessary interventions, and assist women in gaining self-confidence as they transition from public assistance to self-sufficiency.

Services are provided at project sites in Snohomish, Whatcom, and Benton-Franklin Counties. Besides chemical dependency treatment, women are assisted in gaining access to local resources, including family planning, safe housing, health care, mental health care, domestic violence services, parenting skills training, child welfare, childcare, transportation, and legal services.

DASA Teams Up with Costco to Spearhead State Mentoring Partnership

With more than 30 partners in the public and private sectors, DASA is coordinating the Washington State Mentoring Partnership (WSMP). Through this coordinated effort, the Partnership is working to increase societal awareness regarding the benefits of mentoring, and expanding private sector participation. WSMP is co-chaired by Lieutenant Governor Brad Owen and NBA legend Bill Russell.

Mentoring is a proven method for preventing youth substance abuse, teen violence and delinquency, and improving school performance. WSMP has recently teamed up with Costco and Costco Co-Founder Bob Craves to expand mentoring services for at-risk youth.

State Agencies, Schools Collaborate on Healthy Youth Survey

Four state agencies – DSHS’ Division of Alcohol and Substance Abuse, Office of Superintendent of Public Instruction, Department of Health, and the Department of Community, Trade & Economic Development – have worked together with schools to develop a single survey to measure adolescent health behaviors among Washington public school students. The Healthy Youth Survey replaces a series of separate efforts developed by each agency to obtain assessment data for program planning.

The Healthy Youth Survey offers a global look at the effectiveness of statewide prevention and health promotion initiatives. Almost 140,000 students in grades 6, 8, 10, and 12 will participate in the Survey in 2004.

Collaboration Provides Treatment for Men with Co-Occurring Disorders

The Pathways Program at the James Oldham Treatment Center in Yakima provides integrated chemical dependency/mental health treatment for adult males in a residential setting. The program is jointly operated by Triumph Treatment Services, Central Washington Comprehensive Mental Health, and Yakima County. With braided funded from the Division of Alcohol and Substance Abuse, Mental Health Division, and Greater Columbia Behavioral Health, the 16-bed program targets chemically dependent patients who also suffer from thought disorders, bi-polar disorders, schizophrenia, and major depression and neuroses. For many of these patients, treatment received through more traditional chemical dependency programs was unsuccessful.

Both mental health and chemical dependency services are provided, as are medical services. The program also provides a strong physical fitness component. Pathways has recently negotiated an agreement with the King County Regional Service Network for referrals from Western Washington.

New Partnerships Link Chemical Dependency Treatment to Criminal Justice System

As a result of legislation passed in the 2002 and 2003 Sessions, DASA is now facilitating a collaboration of judges, prosecutors, law enforcement professionals, county and tribal social service agencies, and community-based chemical dependency treatment providers in providing treatment alternatives to incarceration. In 2003-2005 Biennium, \$8.95 million is being provided through the Criminal Justice Treatment Account (CJTA), funded through savings resulting from sentencing reform.

Funds are being used for court-supervised treatment, including existing drug courts. Others are provided to counties making use of innovative/best practices on a competitive basis, and for special projects. It is expected that providing treatment to those arrested will not only reduce incarceration costs, but also result in lower rates of criminal recidivism.

Alcohol/Drug Treatment Helps Clients Leave Public Assistance

Through a collaboration between the DSHS Economic Services Administration and Division of Alcohol and Substance Abuse, chemical dependency professionals (CDPs) are now placed in most Community Services Offices across the state. These professionals help DSHS address addiction-related barriers to self-sufficiency. CDPs provide on-site screening and assessment, case consulting and staff, in-service training with staff, and education for public assistance recipients.

In SFY 2003, some 4,021 Temporary Assistance for Needy Families clients received publicly funded chemical dependency treatment. Attendance at treatment is counted toward work participation requirements. Treatment has been demonstrated to assist clients in making a lasting transition to economic independence, as well as resulting in healthier families, and safer, more vibrant communities.

Treatment Provided to Youth in Non-Treatment Settings

Through its Group Care Enhancement Program, the Division of Alcohol and Substance Abuse provides chemical dependency treatment for youth in need of treatment in group homes and other non-treatment settings. Services are provided to youth who are sexual offenders, deaf youth, homeless youth in shelters, and in juvenile justice and residential settings.

The Group Care Enhancement Project represents a collaboration between DASA and the Mental Health Division, Juvenile Rehabilitation Administration, Division of Children and Families Services, and the Division of Developmental Disabilities. It significantly expands access for chemically dependent youth who might otherwise lack access to treatment services.

Dangerously Mentally Ill Offender Program Increases Public Safety

The Dangerously Mentally Ill Offender (DMIO) Program was enacted into law in the 1999 Legislative Session. The program is designed to provide a small group of inmates exiting Department of Corrections facilities with “wraparound” mental health, substance abuse, and sex offender treatment. Assistance is also provided in securing housing and linkages to other services in the communities.

The goal of the DMIO program is to enhance public safety. Some of 95% of those designated as DMIOs have co-occurring substance abuse and mental health disorders. The DMIO program represents a collaboration between DASA and the Department of Corrections, Mental Health Division, Division of Developmental Disabilities, Regional Support Networks, and counties.

Coordinated Services Offered through the Hepatitis AIDS Substance Abuse Program (HASAP)

A collaborative effort between the Division of Alcohol and Substance Abuse and the Department of Health enhances statewide services for chemically dependent HIV-positive individuals and those with hepatitis C or tuberculosis. HIV education, counseling, and testing referrals are offered for users of opiates. Five chemical dependency professionals/HIV specialists are out-stationed in AIDS housing facilities

and agencies to provide HIV support services, individual and group counseling, case management, and client advocacy.

Besides direct services, the DASA HASAP program manager provides technical assistance to substance abuse treatment providers on treating patients with infectious diseases. Statewide cross-trainings for substance abuse and infectious disease treatment providers are coordinated and implemented annually.

Services Coordinated to Implement the Youth Involuntary Treatment Act (ITA)

Following an arrest being made, local prosecutors may refer youth to designated chemical dependency professionals to provide evaluations. After these evaluations are made, they may approach local courts for orders of detention and treatment under the Involuntary Treatment Act. Youth under age 18 who are in need of treatment, who have failed in prior treatment settings, and have threatened, attempted, or inflicted physical harm or are likely to inflict physical harm upon others are eligible. Those ordered to treatment are generally sent to secure residential chemical dependency treatment facilities funded by DASA, and DASA staff often assist with placement. Most ITA admissions to inpatient treatment have “stipulated” as voluntary once the ITA process has occurred.

To provide youth ITA services, DASA collaborates with chemical dependency and mental health professionals, county alcohol and drug coordinators, and local courts and prosecutors.

Research and Training Undertaken to Support Tobacco Cessation

The Division of Alcohol and Substance Abuse is collaborating with the Department of Health (DOH) to develop tobacco cessation curricula to be used in the context of adult and youth chemical dependency treatment. A large proportion of those receiving publicly funded chemical dependency treatment are smokers. DASA and DOH are analyzing national, state, and local models of tobacco cessation that are being used in adult and youth residential and outpatient settings. Once the curricula are established, training will be provided to chemical dependency treatment counselors so that they can implement tobacco cessation programs as part of ongoing treatment protocols.

Program Promotes Drug-Free Workplaces

The Division of Alcohol and Substance Abuse is teaming up with the Washington State Labor Council (WSLC) to develop policies related to drug-free workplace practices among unions in Washington. DASA is working with WSLC to assist local unions and their officials in addressing individual employee cases as well as promote a better understanding of workplace substance abuse issues. Guidelines are being developed to provide models for effective policies.

Communications Program Enhances Public Awareness

Through a range of marketing and communication strategies, the Division of Alcohol and Substance Abuse provides communities with information about the connection between substance abuse and other social problems; the economic impact of substance abuse; alcohol and drug abuse trends; and media literacy. In addition, DASA promotes public awareness of effective ways to prevent and reduce alcohol

and drug abuse, and ways to access prevention, intervention, and treatment resources.

DASA conducts a statewide media campaign in collaboration with the Partnership for a Drug-Free America, and works with local communities, media, and corporate partners to increase public awareness. DASA also works with others to develop materials for professionals, parents, teens, and youth. Materials are available in English, Spanish, Russian, Chinese, Vietnamese, and other languages.

New Collaboration with Children's Administration to Address Substance Abuse

The Division of Alcohol and Substance Abuse is collaborating with the DSHS Children's Administration to develop a Memorandum of Agreement (MOA) regarding mutual goals and strategic directions. It is estimated that approximately 68% of the families with some involvement with Child Protective Services are there because of substance abuse by a parent or other family member. Areas to be explored include policies and protocols around family reunification, alcohol and drug testing, chemical dependency screening, and referral to treatment. The MOA will also explore jointly conceptualizing prevention activities. At a minimum, the MOA will cover data sharing, training, and policy development. The new MOA will be updated annually.

STAKEHOLDERS INPUT

The Citizens Advisory Council on Alcoholism and Drug Addiction is established under RCW 70.96A.070. The Council is charged with advising and recommending to DSHS rules, policies, and programs that will benefit individuals and their families with alcoholism/addictions; families and individuals in high-risk environments; and the larger community.

In its 2003 Annual Report (September 2003), the Citizens Advisory Council made three recommendations "to promote safer and more vibrant communities, and a healthier, more productive citizenry," pursuant to its statutory mandate:

1. We endorse the six strategic priorities set forth in the Division of Alcohol and Substance Abuse's (DASA) Strategic Plan 2004-2009, and urge all necessary steps be taken to support DASA in:
 - Closing the treatment gap between those who are eligible and in need of substance abuse treatment and those who, because of financial constraints actually receive it;
 - Providing treatment alternatives to incarceration;
 - Fulfilling its responsibility as a federally recognized opiate substitution treatment accreditation body;
 - Reaffirming its commitment to science-based targeted prevention;
 - Bridging the gaps between research, policy, and practice;
 - Developing a strong prevention and treatment workforce.

2. We support DASA's Training Advisory Committee in reviewing and making further recommendations to enhance the inclusion of ethnic and disability sensitivity in all training activities.
3. We strongly urge the Governor, Legislature, and Administrator of the Washington Health Care Authority to enhance chemical dependency treatment benefits available through the Washington Basic Health Plan to the level required of private health insurance plans in the state.

This new Strategic Plan has been presented in draft to the Citizens Advisory Council, to the Association of County Human Services, to tribes, and to prevention, intervention, and treatment providers across Washington State.

FUTURE CHALLENGES AND OPPORTUNITIES

Treatment:

DASA's greatest challenge lies in finding ways to increase the number and percentage of chemically dependent adults and youth who receive quality substance abuse treatment. In these budget-challenging times, it is relatively unlikely that much of this increase is going to come from new state resources, though it is hoped that these resources will at least keep pace with the expanding need, as they represent a sound investment in our state's future.

DASA has entered into a series of partnerships with other agencies and divisions where it has already been demonstrated that the cost of providing treatment services is more than offset by savings in other areas. DASA now provides treatment to Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI) recipients. Further opportunities may exist in providing treatment to Medicaid recipients. Through funding from the Criminal Justice Treatment Account, judicially supervised treatment is now being provided to offenders in community-based settings in lieu of incarceration.

Major opportunities exist in ensuring those who need treatment and are covered through insurance or capitated health plans receive it. Researchers have found that 9 out of 10 primary care doctors fail to diagnose substance abuse in patients who display classic symptoms of the problem. Opportunities exist in enhancing training of health care personnel, and in ensuring there are clear protocols for referrals to treatment. Special opportunities may be present in working with health care plans and health maintenance organizations that contract with the Washington Health Care Authority/Basic Health Plan and the Medical Assistance Administration.

Prevention:

The single most effective way of dealing with the disease of chemical dependency, as would be true of any other disease, is preventing it before it starts. The application of science to the prevention of alcohol, tobacco, and other drug abuse is a young and promising discipline. DASA sees an opportunity in expanding its role in assisting the prevention field in become more adept in the application of science-based practices, and in the utilization of rigorous evaluation processes. The inauguration of DASA's Prevention Management Information System should assist communities in developing well thought-out, targeted prevention efforts. As part of this commitment, DASA is expanding training efforts to ensure prevention professionals have the skills and tools necessary to help build safer, healthier communities.

Chapter 4 • Goals, Objectives, Strategies and Activities

The Division of Alcohol and Substance Abuse has set eight strategic goals for 2006-2011:

1. **Protect vulnerable adults, children, and families;**
2. **Break down barriers to self-sufficiency;**
3. **Assure public safety and help build strong, healthy communities;**
4. **Reduce and prevent misuse and improve lives through preventive action;**
5. **Honor diversity and promote equal access and opportunity;**
6. **Promote accountability, customer service, and public stewardship in policy, programs, and practice;**
7. **Improve quality through innovation, technology, and research;**
8. **Build a strong, committed workforce.**

A. IMPROVE HEALTH AND SAFETY

Goal 1: Protect Vulnerable Adults, Children, and Families

Objectives:

- Preserve the safety net for those least able to support themselves or get support from others.
- Assure vulnerable individuals are identified and receive the full range and scope of care they need.

Strategies:

- **Assessing Need for Treatment** — Contract for research studies to assess need for treatment in Washington State to inform policy and budget decisions.
- **Supporting Adult Residential Treatment** — Provide low-income and indigent clients with referral and access to adult residential treatment agencies in Washington State.
- **Supporting Adult Detoxification Services** — Contract with county governments to help individuals safely withdraw from alcohol or other drugs.
- **Implementing County Contracts for Outpatient Treatment Services** — Provide an outpatient continuum of alcohol and drug treatment services for indigent/low-income residents, with priority emphasis on pregnant and parenting women, youth, injection drug users, and individuals infected with HIV/AIDS.

- **Implementing Tribal Contracts for Chemical Dependency Prevention and Treatment Services** — Through service delivery contracts with tribal governments, provide a continuum of alcohol and drug prevention and treatment services to First Nations' people and their communities.
- **Preparing and Monitoring Implementation of the Division's 7.01 Biennial Service Plan** — Plan with Tribes and American Indian organizations for the provision of necessary alcohol and drug prevention/treatment services, and monitor progress in meeting Plan goals and objectives.
- **Supporting Access to Services for Chemically Dependent Individuals with HIV/AIDS** — Integrate chemical dependency and HIV services, and provide cross-training and technical assistance to those serving chemically dependent individuals with HIV/AIDS.
- **Supporting Detoxification, Residential, and Outpatient Treatment Services for Youth** – Provide low-income and indigent adolescents ages 12-17 with referral and access to detoxification and 12 youth residential treatment agencies, and ensure a high quality continuum of care and access to outpatient services with improved engagement, retention, and service integration.
- **Coordinating Services for "Becca" At-Risk/Runaway Youth Across State Systems** — Assist in the appropriate treatment service placement of multi-problem, out-of-control, chronic runaway, resistant, and chemically dependent youth, and provide support and technical assistance to parents, agency staff, and community groups.
- **Providing Group Care Enhancement Services for Youth** — Contract for chemical dependency service providers to be placed in long-term residential group home facilities for youth who are experiencing barriers to receiving treatment services.
- **Supporting Outpatient Treatment Services for Youth** — Contract for the provision of non-residential chemical dependency treatment services to youth.
- **Supporting Fetal Alcohol Syndrome Prevention** -- Maintain cross-agency collaboration through the FAS Interagency Workgroup to reduce the number of drug- and alcohol-impaired newborns.
- **Providing Treatment for Co-Occurring Disorders** -- Support continued development of cross-agency collaboration for youth and adult populations with co-occurring disorders, including training, resources, education, research, and technical assistance.
- **Supporting Services for Chemically Dependent Individuals with Infections Diseases (HIV, Hepatitis C, Tuberculosis)** -- Integrate chemical dependency and infectious disease prevention and treatment services, and provide cross-training and technical assistance to those serving chemically dependent individuals with infectious diseases or at high risk for them.

- **Addressing Substance Abuse and Misuse Among the Elderly** — Work in partnership with Aging and Adult Services to address the problem of substance abuse and addiction to alcohol, tobacco and psychoactive prescriptions among the elderly, and assure age-appropriate treatment and prevention services are readily available.
- **Supporting Parenting Education Programs** – Help community networks maintain and develop “Families in Recovery” groups with a specific focus on support and skills development related to parenting and issues of interest to families affected by chemical dependency.
- **Securing the State’s Annual Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant** — Ensure the availability of federal funds for ongoing treatment/prevention programming and services through the timely and accurate completion of the state’s annual block grant application.
- **Promoting Tobacco Cessation** — Develop and implement a comprehensive, integrated plan to support the provision of tobacco cessation services in treatment centers across the state.

Measures:

- Residential treatment expenditures
- Number of residential treatment bed days
- Outpatient treatment expenditures
- Outpatient treatment caseload by month
- Number of adult detoxification admissions
- Number of youth/detoxification clients served
- Number of ADATSA assessments
- Number of Non-ADATSA assessments
- Number of ADATSA adult residential treatment admissions
- Number of youth residential admissions
- Number of non-ADATSA pregnant and parenting women admitted to residential treatment
- Number of adult admissions to secure/involuntary residential treatment
- Number of ADATSA admissions to outpatient treatment
- Number of non-ADATSA adult admissions to outpatient treatment
- Number of youth admitted to outpatient treatment
- Number of pregnant and parenting women admitted to outpatient treatment
- Number admitted to opiate substitution treatment
- Waiting list for youth residential treatment
- Waiting time and wait status for ADATSA clients
- Census of patients receiving treatment at Pathways Treatment Program for co-occurring chemical dependency and mental health disorders
- Residential treatment completion rates for youth and adults
- Treatment readmission rates within one year of a treatment episode for youth and adults
- The treatment gap between those who are need of, and qualify for, publicly funded treatment and those who receive it

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☒Public ☒Customer ☒Financial ☒Internal ☒Learning & Growth

B. IMPROVE CLIENT SELF-SUFFICIENCY

Goal 2: Break Down Barriers to Self-Sufficiency

Objectives:

- Connect people who can work to the services and supports they need to become economically independent.
- Reduce dependency on publicly funded services and aid
- Support programs and services that allow individuals who do not pose a threat to themselves or others to live in their communities and achieve optimum independence.

Strategies:

- **Assessing Treatment Outcomes** — Contract for research studies to determine treatment outcomes in Washington State to inform policy and budget decisions.
- **Working Collaboratively with the Economic Services Administration to Help TANF Families** — Assure families on TANF with substance abuse issues are appropriately identified and have ready access to the treatment and support services they need to make successful transitions from welfare to work.
- **Implementing the SSI Cost-Offset Project** — Remove barriers to treatment among SSI clients, encourage referral to treatment from medical and mental health providers, and evaluate the effectiveness of treatment for these clients.
- **Providing a Liaison to the State's Traumatic Brain Injury Advisory Council** — Provide input on the needs of individuals with traumatic brain injuries for alcohol/drug treatment services so that they are better prepared to move toward self-sufficiency.
- **Working Collaboratively with the Division Of Developmental Disabilities to Increase Awareness of the Signs and Symptoms Of Chemical Dependency** ---- Provide cross-training and technical assistance between DASA, chemical dependency providers, and developmental disabilities case managers to identify issues related to chemical dependency and developmental disabilities.
- **Support Access to Transportation Resources** ---- Through the Medical Assistance Administration transportation broker; identify information and other resources that can be provided to patients receiving chemical dependency treatment.
- **Responding to the Olmstead Decision** — Plan for the delivery of services in the least restrictive setting by working with other agencies to promote community-based crisis intervention services and secure residential facilities.

- **Providing a Liaison to the State Homeless Plan** — Provide input on the needs of homeless families for substance abuse treatment and assist in planning for referral to needed services.
- **Assist the Formation of Oxford Houses** – Provide funding through management of a revolving loan fund for resident-managed transitional housing facilities.

Measures

- TANF expenditures for treatment
- TANF caseload receiving treatment
- SSI Cost Offset expenditures for treatment
- SSI caseload receiving chemical dependency treatment
- Employment among patients who complete treatment one-year post treatment
- Number of Oxford Houses
- Number of residential treatment bed days utilized by patients with developmental disabilities
- Number of patients with developmental disabilities receiving outpatient treatment
- Number of cross training days for developmental disability case managers and chemical dependency providers

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☒Public ☒Customer ☒Financial ☒Internal ☒Learning & Growth

C. IMPROVE PUBLIC SAFETY

Goal 3: Assure Public Safety and Help Build Strong, Healthy Communities

Objectives:

- Be a good neighbor, concerned about the health and safety of communities across the state.
- Have protections and safeguards in place to protect the public from dangerous behaviors.

Strategies:

- **Continuing Implementation of Drug Sentencing Reform** – Continue to work with local authorities in implementing judicially supervised substance abuse treatment in lieu of incarceration, and work with county alcohol and drug coordinators and treatment providers to improve criminal justice-related treatment data.
- **Supporting Drug Courts** — Promote public safety and reduce substance abuse and re-arrest among nonviolent, chemically dependent offenders by integrating alcohol/drug treatment services with judicial system case processing, monitoring, supervision, mandatory drug testing, sanctions, and other administrative services.

- **Supporting Cross Systems Collaboration and Provision Of Appropriate Services to Persons with Co-Occurring Psychiatric and Substance Abuse Disorders** — Work collaboratively with the Mental Health Division to develop a comprehensive and coordinated policy framework and delivery system of care that can appropriately address the multiple, complex needs facing this population.
- **Collaborating to Provide Services to Dangerously Mental Ill Offenders** --- Work with the Mental Health Division and the Department of Corrections to identify and service DMIO clients with appropriate chemical dependency treatment.
- **Supporting Drug-Free Workplaces** — Encourage employers to implement programs that balance the need to prevent adverse effects of alcohol and drug use in the workplace with the need of chemically dependent employees for rehabilitation.
- **Supporting Regional Coordinating Councils/Regional Advisory Councils** — Through improved communication within DSHS and with communities, ensure clients have access to necessary treatment services.
- **Supporting the Alcohol/Drug Clearinghouse** — Contract with and fund the Clearinghouse to provide timely information to those who are interested in promoting healthy, drug-free communities.
- **Helping Drug-Affected Families** — Work collaboratively with Children’s Administration, Economic Services Administration and Medical Assistance Administration to promote the development and implementation of service models and programs that can appropriately meet the special needs of drug-affected families and address the complex, interrelated problems of addiction, poverty, violence, and abuse.
- **Supporting Enforcement of Underage Drinking Laws** — Using federal funds from Office of Juvenile Justice and Delinquency Prevention grants, support communities in the development of comprehensive approaches to the prevention/reduction of underage drinking, with an emphasis on involving youth and increasing collaboration between prevention providers and law enforcement; develop monitoring and evaluation capacity that will help to ensure sustainability.
- **Supporting Washington Traffic Safety Commission’s Efforts to Reduce Incidence of Driving Under the Influence (DUI)** — Review policies and initiatives aimed at preventing incidents of driving while intoxicated and reducing alcohol- and drug-related motor vehicle fatalities and disabling injuries.
- **Coordinating DUI-Related Treatment Issues** — Ensure impaired drivers have access to treatment services to prevent future incidents.

Measures

- CJTA number of chemical dependency assessments
- CJTA number of admissions to chemical dependency treatment
- Percentage of CJTA-funded offenders who complete treatment

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☒Public ☒Customer ☒Financial ☒Internal ☒Learning & Growth

D. INCREASE PREVENTION

Goal 4: Reduce and Prevent Misuse and Improve Lives Through Preventive Action.

Objectives:

- Reduce the prevalence and negative consequences of abuse through appropriate prevention and early intervention programs and services.

Strategies:

- **Implementing Public Education and Social Marketing Campaigns** — Through a variety of media and communication strategies, increase public awareness of the prevalence and negative consequences of substance abuse, how to prevent abuse, and how to access prevention and treatment resources.
- **Assessing Need for Prevention Services** --- Use risk profiles generated from the CORE GIS database and Healthy Youth Survey to assess the need for prevention services to inform policy and budget decisions.
- **Supporting School Prevention and Intervention Services** — Contract with the Office of Superintendent of Public Instruction to place intervention specialists in schools to assist students in overcoming substance abuse problems, and evaluate these services.
- **Monitoring Synar Compliance** — Increase compliance rates among retailers who do not sell tobacco products to minors.
- **Supporting the Substance Abuse College Task Force** — Provide a forum for networking, program sharing, and current ideas on prevention technologies applicable to college/university communities.
- **Supporting County Prevention Services** — Contract with counties to plan, coordinate and deliver services designed to prevent and reduce misuse of alcohol, tobacco, and other drugs, with at least 50% of programs being science-based.
- **Documenting Prevention Outcomes** – Implement a Management Information System design to collect process and outcome data at the provider level.

- **Implementing the Washington State Mentoring Partnership** — Expand mentoring opportunities for youth by increasing social awareness of the benefits of mentoring (e.g., improving school performance, enhancing self-confidence, decreasing involvement with welfare and the legal system, and reducing alcohol and other drug use among youth), and enhancing private sector participation in quality mentoring programs.
- **Updating And Monitoring Benchmarks Related to Substance Abuse Prevention** -- Determine on an ongoing basis progress toward reduction in substance use and abuse.
- **Implementing the Washington Screening, Brief Intervention, and Referral to Treatment (WASBIRT) Project** – Facilitate the initiation of WASBIRT programs in six hospital emergency departments to host 17 chemical dependency professionals to screen trauma patients for alcohol or drug abuse or addiction, and refer them to treatment as appropriate.

Measures:

- Percentage of retailers who refuse to sell tobacco products to minors (SYNAR compliance)
- Percentage of DASA-funded programs that are science-based
- Number of trauma patients seen in emergency departments screened for substance abuse disorders through WASBIRT monthly
- Number of trauma patients seen in emergency departments receiving brief interventions through WASBIRT monthly
- Number of trauma patients seen in emergency departments receiving brief treatment through WASBIRT monthly
- Number of trauma patients seen in emergency departments referred to and receiving chemical dependency treatment through WASBIRT monthly

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☒Public ☒Customer ☒Financial ☒Internal ☒Learning & Growth

E. ASSURE EQUAL ACCESS AND OPPORTUNITY

Goal 5: Honor Diversity and Promote Equal Access and Opportunity.

Objectives:

- Ensure employees and providers have the skills and knowledge to provide effective, culturally responsive services.
- Involve and consult with tribal governments and American Indian communities and organizations in service/program planning, issue identification, and issue resolution.

Strategies:

- **Training Contracted Treatment Providers in Culturally Competent Practices** — Provide training to providers to ensure the delivery of culturally relevant services.
- **Monitoring Access to Services by Racial and Ethnic Minorities** — Undertake regular reviews to assure improved access to treatment and prevention services.
- **Promote Diversity and Culturally Relevant Services** — Ensure the delivery of effective, culturally responsive services to a diverse client base, and build a work environment free from all forms of harassment and discrimination.
- **Monitoring Staff Diversity in Washington State Chemical Dependency Treatment Facilities** – Conduct a statewide survey every three years to monitor changes in staffing patterns with respect to race/ethnicity, gender, disability status, and multilingual status.
- **Provide Interpretive Services** – Ensure provision of interpreter services on an “as needed” basis for patients receiving chemical dependency assessments and treatment, and for Division-sponsored events.
- **Sustain and Enhance Services to Monolingual Spanish-Speaking Patients** – Assist providers in improving treatment participation/treatment completion by monolingual Spanish-speaking patients by expanding training and education for administrators and counselors, expanding scholarship opportunities, and providing incentives for agencies to provide monolingual services.
- **Sustain and Enhance Services to Deaf and Hard of Hearing Patients** – Through support of the Northwest Deaf Addiction Center, seek ways to improve treatment participation/treatment completion by deaf/hard of hearing patients, and enhance ancillary services to assist with employment, housing, medical, educational, and financial needs as patients transition back into their communities.

Measures:

- Percentage of DASA staff who claim minority status
- Percentage of DASA staff who claim disability status
- Percentage of racial/ethnic minority admitted to chemical dependency treatment
- Number of Certified Minority and Women-Owned Business Enterprises (MWOBEs) contracting with DASA
- Percentage of DASA purchased goods expenditures from MWOBEs
- Percentage of DASA purchased services expenditures from MWOBEs
- Number of clients receiving interpretive services
- Number of treatment agencies providing services to monolingual Spanish-speaking patients
- Percentage of monolingual Spanish-speaking patients who complete treatment

- Number of participants who participate in the treatment program at the Northwest Deaf Addiction Center
- Percentage of patients who complete treatment at the Northwest Deaf Addiction Center

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☒Public ☒Customer ☐Financial ☒Internal ☒Learning & Growth

F. ASSURE PUBLIC STEWARDSHIP

Goal 6: Promote Accountability, Customer Service, and Public Stewardship in Policy, Programs, and Practice.

Objectives:

- Provide superior customer service.
- Assure people have ready access to appropriate services.
- Be fiscally responsible in the use of public funds.
- Utilize principles of regulatory reform and regulatory improvement in establishing quality standards.
- Assuring service providers meet quality standards
- Establish a strategic management process with well-understood linkages between planning (strategic and operation) and the development of coherent, defensible legislative proposals and budget requests.
- Manage our workload with a focus on quality in these areas: leadership, planning, customer services, information and analysis, human resource growth, and concrete performance measurement.
- Ensure compliance with all applicable state and federal regulations, including privacy rules.
- Fulfill responsibilities as a federally recognized Opioid Treatment Program Accreditation Body.
- Coordinate program planning and service delivery with federal agencies, other state agencies, local governments and communities to improve patient outcomes and achieve economies of scale.

Strategies:

- **Engaging in Regulatory Improvement When Establishing, Reviewing, and Revising Rules** – Ensure all rules and issuances are established and reviewed regularly for clarity, necessity, effectiveness, and fairness, in partnership with stakeholders and other regulatory agencies to minimize duplication and reduce unnecessary regulatory burdens.
- **Providing Superior Customer Customer in Responding to Provider Requests** -- Ensure chemical dependency treatment providers receive quality assistance and support in a timely manner, and that customer satisfaction feedback is solicited.
- **Implementing Technical Assistance Surveys and Providing Technical Assistance to Chemical Dependency Treatment Providers** — Conduct at least one on-site technical assistance survey of each certified chemical dependency treatment provider every three years, and provide technical

assistance to assist providers to achieve compliance with state and federal regulations and improve quality standards of care.

- **Maintaining Records of All Certified Agencies** – As required under RCW 70.96A.090, publish a list of certified agencies, and ensure distribution to the public in a timely manner.
- **Investigating Complaints and Incidents** – Investigate all complaints and incidents under DASA’s jurisdiction promptly, assist individuals reporting complaints and incidents in programs not under DASA’s jurisdiction to the appropriate entity, and take appropriate action related to any problems identified.
- **Collaborating with Providers to Improve Treatment Services** – Work with providers to assist them in defining treatment completion, engaging patients in the treatment process, and ensuring patient transition through the appropriate levels of care.
- **Implementing Deeming and Interagency Agreements** — Reduce duplication and promote cost effectiveness and high standards of care, and provide regulatory relief to agencies regulated by more than one regulatory body by entering into written agreements with national accreditation and governmental regulatory agencies.
- **Fulfilling Requirements of a SAMHSA-Approved Opiate Substitution Treatment Program Accreditation Body** -- Continue to meet all application review, technical assistance survey, record keeping, and reporting requirements to assist opiate substitution programs attain compliance with federal regulations and guidelines, and for DASA to maintain status as a Substance Abuse Mental Health Services Administration opioid treatment program accreditation body.
- **Responding to Public Disclosure Requests** — In accordance with DSHS policy, ensure that all public disclosure requests are responded to in a timely manner.
- **Assessing Client Satisfaction with Treatment** --- Improve treatment services through an annual client satisfaction survey reaching the large majority of treatment programs, assessing clients’ perceptions of the quality of services they receive, and providing results to treatment programs and providers
- **Implementing Continuous Quality Improvement Plans** — Set up, implement and monitor systems to improve the quality of service delivery.
- **Planning Strategically** — Develop a strategic plan involving significant stakeholder involvement, and including critical performance measures for the Division.
- **Ensuring Fiscal Resources Control and Accountability** — Monitor ongoing expenditures and business practices to ensure all applicable laws, policies, and procedures are observed, oversee internal controls, and create funding opportunities through matching sources.

- **Enhancing Administrative Oversight of Contracts** – Minimize and/or reduce risk while maximizing measurable service delivery by providing timely, accurate, and ongoing monitoring and review of the contracting process.
- **Ensuring Contracts Control and Accountability** -- Ensure contracts meet all state and federal requirements and that all applicable laws and required state, DSHS, and divisional standards, policies, and procedures are observed.
- **Supporting the DSHS Communications Goals** – Participate on the DSHS communications team to coordinate and disseminate DASA information across divisions and to the public and to be the first and best source of information about services and programs.

Measures:

- Percentage of chemical dependency treatment agencies surveyed in the past three years
- Percentage of DASA-accredited opiate substitution treatment programs which receive accreditation surveys in the past three years
- Percentage of incidents and complaints received investigated by the appropriate regulatory agency
- Percentage of treatment provider technical assistance requests found to be satisfactory handled by providers as measured on customer satisfaction questionnaire
- Percentage of treatment providers surveyed who are satisfied with the survey process
- Percentage of youth and adults in treatment who report they are treated with respect most or all of the time, in the annual statewide Client Satisfaction Survey
- Percentage of youth and adults in treatment who report they are very satisfied or mostly satisfied with the service they receive, in the annual statewide Client Satisfaction Survey
- Number of contracts/agreements that take longer than four weeks to process.

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☒Public ☒Customer ☒Financial ☒Internal ☒Learning & Growth

Goal 7: Improve Quality Through Innovation, Technology, and Research.

Objectives:

- Make improvements in productivity and efficiency through process simplification, business re-engineering, and investments in technology.
- Use research and data effectively and strategically to assess service gaps and needs, evaluate service/program effectiveness and patient outcomes, understand emerging human service issues, and identify promising strategies and practices that will add value and improve performance.

Strategies:

- **Preparing the Division's Annual Report on Alcohol, Tobacco and Other Drug Use Trends** — Coordinate data collection, analysis, and preparation of an educational resource and planning document outlining major trends.
- **Monitoring Key Performance Indicators** ---- Provide monthly reports tracking fiscal and critical performance indicators.
- **Updating DASA-TA** – Continue to update the DASA Treatment Analyzer (DASA-TA), a web-based tracking system, to allow the production of admissions, assessment, and outcomes reports, including pre- and post-treatment outcomes for employment, criminal justice involvement, and health status, for DASA and county staff, and substance abuse service providers.
- **Supporting Research Partnerships** — Enhance the quality of research and evaluation through sustaining partnerships with substance abuse researchers in Washington State and nationally.
- **Identifying Drug Trends** – Monitor current and emerging substance abuse trends.
- **Creating Toolkits for Providers to Assist Them in Meeting the Outcome Requirements of WAC 388-805** --- Work with providers and consultants to develop toolkits that will improve the ability of certified chemical dependency treatment providers to meet requirements to report treatment outcomes.
- **Managing the Division's Substance Abuse Management Information System** — Ensure the availability of timely, high quality data using state-of-the-art technology to provide information regarding prevention, intervention, treatment, and outcomes for research and planning purposes.
- **Supporting the Western Regional Center for the Application of Prevention Technologies** — Provide research services and technical assistance to help communities' bridge prevention science with applications.
- **Supporting Washington State's Healthy Youth Survey** — Provide funding for and assist in planning and reviewing the implementation of the biannual survey to assess health-related behaviors of students in public schools, and providing data on risk and protective factors for use by schools and communities.
- **Analyze Healthy Youth Survey** — Develop, implement, and sustain an analytic strategy for using survey data to better target prevention services.
- **Implementing the Children's Transition Initiative** — Through programs at seven sites, explore the effectiveness of providing a coordinated set of research-based prevention services to a specific group of at-risk children in school and their families.

Measures:

- Number of science-based practices identified that have been shown to increase treatment retention
- DASA-TA utilization
- Mechanisms developed in TARGET to track Department of Developmental Disabilities clients receiving chemical dependency treatment

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☒Public ☒Customer ☒Financial ☒Internal ☒Learning & Growth

Goal 8: Build a Strong, Committed Workforce**Objectives:**

- Create and sustain a working environment that attracts, retains, and develops committed employees who can meet the challenges we face and seize opportunities for success.
- Close any skills and competencies gap that exists in our current workforce.

Strategies:

- **Developing and Implementing a Comprehensive Field Training Plan** — Develop and offer continuing education, conferences, and technical assistance activities and workshops aimed at: (1) promoting science-based best practices and promising approaches to assure the delivery of effective treatment and prevention services; and (2) raising awareness of system change strategies for administrative and policy personnel in the prevention and treatment fields.
- **Developing the Treatment Workforce** – Implementing strategies to increase the number of competent, well-trained chemical dependency professionals prepared to work in the publicly funded treatment system. Strategies include a counselor academy to provide required chemical dependency coursework for individuals with existing bachelor degrees.
- **Providing Training Opportunities for Administrators** – Developing and delivering training for treatment facility directors and agency administrators regarding the business and operational aspects of service delivery, as well as system change strategies. Training opportunities will include how to successfully implement best practices, effectively communicate data, and manage financial and personnel operations.
- **Enhancing the Quality of Clinical Supervision** – Build the skills of clinical supervisors in training treatment counselors in core competencies and improve performance. DASA will provide three-day courses in the basics of clinical supervision in each region, offer advanced coursework regionally and as part of the annual Treatment Institute, and develop continued support

through an e-mail network to provide current information about effective clinical supervision methods.

- **Developing the Prevention Workforce** — Develop and disseminate professional standards to more than 400 prevention professionals in Washington State, and identify, develop, and deliver training to meet professional development needs.
- **Training Chemical Dependency Treatment Providers About Infectious Diseases and Infectious Disease Health Care Providers About Chemical Dependency** — Ensure providers have the necessary education and training to administer policies and protocols related to bloodborne infections, tuberculosis, and chemical dependency.
- **Implementing the Tuition Waiver Program** — Work with two- and four-year colleges and universities to increase the number of competent, well-trained chemical dependency counselors prepared to serve diverse populations in the publicly funded treatment system.
- **Implementing the Exemplary Substance Abuse Prevention and Treatment Program** — Through annual awards, recognize model programs that have significant impacts in preventing and treating alcohol and drug abuse.
- **Supporting Staff Respecting Staff Efforts** — Work to ensure a professional environment free of all forms of harassment.

Measures:

- Number of students studying for careers related to chemical dependency through the Tuition Waiver Program
- Percentage of DASA performance evaluations completed on time
- Percentage of chemical dependency professionals working in DASA-funded treatment agencies who are able to: identify research-based principles and evidence-based models of addiction treatment; are familiar with a portfolio of evidence-based practices demonstrated to improve retention and recovery rates in community-based treatment settings; and maintain awareness of and adapt new practices to existing treatment design
- Percentage of prevention professionals working in DASA-contracted agencies who are able to: identify prevention research theories and components of a research-based program planning model; be familiar with human development theories as they relate to prevent services; and maintain awareness of and adapt new practices to existing program design
- Percentage of staff working in chemical dependency treatment facilities who are African-American, Hispanic, Native American, and Asian/Pacific Islanders
- Percentage of staff working in chemical dependency treatment facilities who are female
- Percentage of staff working in chemical dependency treatment facilities who have a disability
- Percentage of staff working in chemical dependency treatment facilities who are multilingual

This goal contributes to the following Balanced Scorecard perspectives:

Themes: ☒Public ☒Customer ☒Financial ☒Internal ☒Learning & Growth

Chapter 5 • Organization Assessment Summary

PERFORMANCE ASSESSMENT

The Division of Alcohol and Substance Abuse is a nationally recognized leader in the collection, analysis, and reporting of performance data related to the prevention and treatment of alcohol, tobacco, and other drug abuse and addiction. All DASA-supported service providers collect relevant data for ongoing monitoring and scientific analysis. DASA works closely in partnerships with researchers in the field of substance abuse both in Washington State and nationally. Through its TARGET and Prevention Management Information Systems, DASA is able to assess performance. Performance data is now being linked to secondary data, providing information on the association between substance abuse-related services, and employment, arrests and convictions, health, and use of medical and psychiatric services.

Each year, DASA administers a client satisfaction survey. In 2003, 80% of public and private certified treatment agencies in Washington State participated. Some 15,715 patients completed the survey.

- 96% of adults clients reported being very satisfied or mostly satisfied with the treatment they received;
- Approximately 90% of clients said they would come back to the same program if they were to seek help again.

Treatment agencies are provided with survey data for their own agency, which can then be utilized in a process of continuous quality improvement.

The Division closely monitors the treatment completion rate, as treatment retention and completion rates are closely associated with better patient outcomes. As a result of new initiatives over the past several years, treatment completion – for both adults and youth – are hovering at or close to all-time highs. The cumulative treatment completion rate through the first half of SFY 2004 for adults receiving residential substance abuse treatment is 77.4%; for adolescents, it is 62.1%.

However, even as patient outcomes improve and cost offsets are repeatedly demonstrated, fewer than one out of four adults and youth in need of, and qualifying for, DASA-funded chemical dependency treatment actually receive it.

DASA Serves Fewer than One Quarter of Those in Need of, and Who Qualify for, Publicly Funded Chemical Dependency Treatment **SFY 2002 Need Served and Treatment Gap Rates**

Target Population	Needing and Eligible for Treatment	Received Treatment	Number Unserved	% Served	Treatment Gap %
All Adults 18 and Older	99,863	24,665	75,198	24.7%	75.3%
Adolescents (ages 12-17)	24,468	5,969	18,499	24.4%	75.6%
Total	124,331	30,634	93,697	24.6%	75.4%

Excludes Detox and transitional housing, private pay, and Department of Corrections.

Paradoxically, heavier emphasis upon treatment retention and completion has resulted in longer waiting lists for treatment. In the second quarter of SFY 2004, 47% of ADATSA clients in need of and qualifying for DASA-funded treatment did not receive it; an additional 17% waited more than 30 days before being admitted to treatment. It is not uncommon for clients seeking entry to opiate substitution treatment to wait 12 months or longer before being able to access care. DASA continues to closely monitor these trends.

FINANCIAL HEALTH ASSESSMENT

The State's revenue shortfall in state funds, in particular the State General Fund and the soaring costs to provide health care and prescription drugs are major cost pressures facing the agency. Dealing with these challenges will be ongoing for the foreseeable future. Unless the skyrocketing health care expenditures are controlled, the health care budget will put a squeeze on all other agency programs. DASA's state funding is vulnerable to a down economy that results in less revenue collected, as well as the rapid increase in health care expenditures. These factors will have an impact on the level of service we can provide.

State funds make up 60% of DASA's budget. Approximately 34% of our funding comes from the State General Fund, and another 19% from the Violence Reduction and Drug Enforcement (VRDE) account. Some 3% come from the Public Safety and Education (PSEA) accounts, and 4% from the State Criminal Justice Treatment Account (CJTA). The balance of the Division's \$232 million biennial budget is made up of federal funding from the Substance Abuse Prevention and Treatment (SAPT) block grant and Medicaid. Fortunately, DASA is able to use its VRDE and PSEA funds as Medicaid matching funds, provided the underlying client-base and services are eligible. SAPT block grant funds cannot be used for Medicaid matching and comes with certain limitations and restrictions. DASA makes every effort to maximize Medicaid participation wherever possible and to partner with other divisions to expand the availability of substance abuse treatment services.

DASA will continue to optimize the blend of available funding with a balanced array of prevention, intervention, and treatment services to achieve cost-effective outcomes. Wherever possible, the Division will continue and expand its partnerships and collaborations with Tribes, county government, and other governmental and nongovernmental entities to make efficient and effective use of available resources.

Cost Reduction Strategies:

DASA does not provide direct client services. DASA contracts for more than 95% of its funding, and ensures client services through the administration of those contracts, statewide policy, and ensuring the competencies of providers and their staff. DASA has reassigned essential functions and administratively re-organized aspects of its internal operating functions, and is making more effective use of technology as part of cost reduction efforts. DASA transferred staff from headquarters to regional teams made up of treatment, prevention, and certification staff and regional administrators to enhance communications and understanding of local issues, and to build a stronger continuum of prevention, intervention, treatment, and aftercare. DASA's ability to conduct proactive planning, contract

oversight, and our general responsiveness to stakeholders includes focusing on cost reduction strategies, that will allow us to live within our means, and focusing on funding those activities that contribute most to our mission.

Chapter 6 • Capacity Assessment Summary

INFORMATION TECHNOLOGY PLAN

The Division of Alcohol and Substance Abuse relies heavily on automated processes and technology resources to improve program efficiency, and to ensure timely and accurate contract monitoring. In order to assure quality service delivery, DASA is firmly committed to continuous updating and improvement of both hardware and software platforms, and the ongoing training and development of staff resources.

Staff workstations are on a planned three-year replacement cycle and are regularly upgraded, as are server resources to address system load and resource demands. Strong efforts are underway to improve system availability and accessibility through use on internet-based systems and services. This is a rich and potentially critical area for ongoing expansion in the future.

The use of new technology will also continue to expand. Portable computing resources such as personal digital assistants (PDAs) and notepad computers, wireless technology, and voice activation are all applications that may have value in DASA's environment, especially as needs change and there are additional capacity requirements. Application designs to address program needs are developed and improved by DASA staff, and are built and implemented either by Division staff or through contracts for service programming resources.

Security is an overriding concern for DASA, given the sensitive nature of client services and program proprietary information being processed and stored. In addition, there are unique federal constraints on access and management of client data. Ongoing activity to strengthen security processes will be required given the changing nature of electronic threats.

DASA is constantly training and developing internal staff technical resources to improve business process analysis and business design; programming and coding efficiency; report design and distribution; and staff skills in operating and utilizing data and system resources. There are a number of internal business process that have reached a level of stabilization and could benefit greatly from increased automation:

- Certification surveying and reporting processes;
- Training and conference activities;
- Treatment outcome and impact reporting utilizing administrative data sets;
- The melding of prevention, intervention, and treatment programming providing new data integration opportunities.

Ongoing efforts will continue to enhance capacity in these areas.

SUCCESSION PLAN

The Division of Alcohol and Substance Abuse currently has 77 FTEs, of which 16 can be considered key technical and leadership positions. Of these, five (31%) are held by individuals who will become eligible for retirement by December 31, 2008. In an effort to ensure long-term stability and further its ongoing commitment to excellence, DASA has developed a succession plan. The plan is designed to ensure qualified candidates, reflective of the diverse population DASA serves, are available to compete for these positions.

DASA's leadership has determined the knowledge, skills, abilities, and core competencies required for each of these positions. The DASA Management Team is charged with:

- Identifying individuals who are currently prepared for these technical and management positions, as well as individuals with the potential to become so prepared; and
- Facilitating individual career development plans to assist in identifying gaps in core leadership competencies. Management will support employees, who take primary responsibility for their own development. Tools to strengthen capabilities including both outside on-the-job training and developmental rotations. Plans will be assessed during the annual evaluation process.

DASA's Human Resources Development Coordinator will assess the succession plan, by monitoring the number of employees with career development plans; number of positions filled with internal candidates; and feedback received from employees during annual evaluations. The Coordinator is charged with reporting this information back to DASA management on an annual basis, and is charged with revisiting and modifying the plan based on feedback on a biennial basis.

WORKFORCE DEVELOPMENT PLAN

The Division of Alcohol and Substance Abuse contracts out treatment and prevention services. Currently there are over 3,500 chemical dependency professionals and substance abuse prevention specialists in Washington State.

In a survey conducted by the Northwest Frontier Addiction Technology Transfer Center, 42% of the current prevention/treatment workforce is over the age of 51. The majority of agencies are experiencing difficulties in finding qualified staff to fill vacant positions, and in retaining competent staff on an on-going basis. It is especially difficult to find staff for specialized programs and programs where treatment must be conducted in languages other than English.

The Washington State Department of Health bases Chemical Dependency Professional (CDP) certification on education and training in the "Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice, TAP 21". This document is also the basis for evaluating on-going professional development activity requirements.

In an effort to support agencies in their efforts to recruit and retain qualified staff, DASA will continue to focus attention on:

1. Clinical Supervisor Initiative – The Initiative provides basic training for clinical supervisors in evaluating staff on the Addiction Counseling Competencies, obtaining information regarding strengths and weaknesses, and using evaluation data to develop ongoing learning plans. An advanced course has been developed to offer clinical supervisors additional training in ethics and employee corrective action techniques.
2. Administrator Training – This training is focused on providing instruction on various human resources topics, including recruitment, hiring, retaining, and dismissing staff.
3. “Fast track” Options – New education opportunities are being offered that are directed at making it easier for individuals who already possess Bachelors’ degree to acquire the required chemical dependency professional competencies in a condensed format, and prepare to test for certification as CDPs.
4. Pre-Service Training Support – College and university chemical dependency professional training program administrators are meeting together to discuss standardization of curriculum for easy transitioning between higher education institutions. Such standardization would assist in retaining those studying to become CPDs.
5. Substance Abuse Prevention Specialist Trainings – DASA is offering a one-week prevention specialist training four times a year in different locations throughout the state. This training provides all the basic information needed to successfully pass the state certification exam to become a certified Substance Abuse Prevention Professional.

DIVERSITY PLAN

One of the enduring commitments of the Division of Alcohol and Substance is expressed in our Strategic Goals, “Honor diversity and promote equal access and opportunity.” DASA strives to meet this goal in meeting the needs of our clients, families, and communities; in promoting a strong, diverse workforce; and in providing opportunities to our own staff.

Client Access

For more than a decade, DASA has initiated activities to ensure access to, and availability of culturally sensitive services that meet the needs of a diverse population, including people of color, individuals with disabilities, tribe members, people with limited English proficiency, and individuals who are gay, lesbian, bisexual and transgender. DASA has a goal of ensuring that minorities and individuals with disabilities have access to services at least in proportion to their percentage of the total state population. DASA closely monitors the treatment gap between those who are in need of, and who qualify for, publicly funded chemical dependency among American Indians, Asian-Pacific Islanders, African-Americans, and Hispanics, as well as treatment completion rates. DASA strives to provide culturally responsive services

through direct contracts with counties, tribes, and other entities and non-profit organizations.

DASA is committed to continuing strong intergovernmental relationship with the federally recognized tribes in Washington State, and to the development of and delivery of quality services to American Indian families and individuals in need. We recognize the vital need to work in partnership with tribes and urban Indian communities to assure that American Indians have equitable access to culturally appropriate and sensitive services.

Workforce

Effective chemical dependency treatment requires knowledgeable and skilled professionals equipped to provide quality care for their patients. Unfortunately, many service providers report a critical shortage of quality chemical dependency professionals (CDPs), particularly in rural areas and in treatment agencies serving diverse ethnic and racial populations. CDPs are being hired away from community treatment agencies to take jobs in schools, and criminal justice and mental health agencies. Very few counselors are qualified to provide culturally competent and/or bilingual treatment services.

Through its staffing survey, DASA monitors staff diversity at certified treatment agencies. While there have been significant increases in the percentage of the racial and ethnic minority counselors, these percentages are still below those of patients served. In an effort to support the recruitment of minority counselors and counselors with disabilities, DASA offers a Tuition Waiver Program through colleges and universities statewide, providing funds for individuals taking coursework to become CDPs.

Division Staff

DASA is committed to maintaining workforce diversity. Women, racial and ethnic minorities, individuals with disabilities, persons over age 40, and disabled/Veteran-era veterans are encouraged to apply for job openings. To achieve and sustain workforce diversity, DASA has developed a policy to assist in recruiting, screening, and interviewing for all positions within the Division. Supervisors receive information regarding DASA's unmet hiring goals when filling new or vacant positions. Interview panels have diverse representation. Workgroups comprising ethnic minorities, persons with disabilities, and gay, lesbian, bisexual, and transgendered individuals provide technical assistance regarding diversity issues, and plan and implement activities to enhance cultural awareness and competency among DASA staff.

DASA currently employs 77 staff. Of these, 27.3% are from diverse racial or ethnic backgrounds; 11.7% of staff have a disability; and 11.7% are Vietnam-era veterans.



This document is also available electronically at:

www1.dshs.wa.gov/strategic

Persons with disabilities may request a hard copy by contacting DSHS at: 360.902.7800, or TTY: 800.422.7930.

Questions about the strategic planning process may be directed to DSHS Constituent Services at: 1.800.737.0617.

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